



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.13	Subject: INTAKE/RECEPTION HEALTH SCREENING
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 2 and Attachment
Section 5: Health Care	Effective Date: July 15, 1999
Signature: /s/ Mike Ferriter, Director	Revised: 05/18/11

I. POLICY

The Department of Corrections facility health care unit will identify and address the immediate health care needs of offenders in its facilities.

II. APPLICABILITY

The secure care facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, and Montana Women's Prison.

III. DEFINITIONS

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

Mental Disorder – Refers to the meaning provided in 53-21-102(9)(a), MCA.

IV. DEPARTMENT DIRECTIVES

A. Intake/Reception Medical Procedures

1. Initial Health Screenings:
 - a. All facilities will provide offenders with an initial health screening as soon as possible upon their arrival to:
 - 1) identify and meet urgent health needs;
 - 2) identify and meet any known or easily identifiable health needs that require medical intervention before the offender is scheduled for an initial health assessment in accordance with *DOC Policy 4.5.14, Offender Health Assessments*; and
 - 3) identify and isolate offenders who appear to have contagious conditions.
 - b. Facility health care providers will administer a tuberculin skin test to each offender upon intake unless the offender's medical record indicates he or she has previously tested positive.
 - c. All facilities will complete an intake/reception health screening form and use the screening results to determine immediate placement needs and appropriate referrals.
 - d. Health care providers will conduct the initial screening. Correctional staff members may be trained to conduct an abbreviated intake interview to alert health care providers to any urgent health needs.
2. Referrals:
 - a. The facility will initiate referrals in the following circumstances:

Policy No. DOC 4.5.13	Chapter 4: Facility/Program Services	Page 2 of 2
Subject: INTAKE/RECEPTION HEALTH SCREENING		

- 1) if offenders are unconscious, semiconscious, bleeding, or in need of urgent medical or mental health attention, referrals will be made to a community hospital for immediate treatment. Admission or return to the facility is predicated upon written medical clearance from the hospital;
 - 2) if offenders have a chronic disease, chronic mental illness, symptoms of communicable disease or illness, or are on chronic care medications (e.g., insulin); referrals will be made to a physician or mid-level practitioner; and
 - 3) when offenders arrive with medications, unless the offender has received a physical prior to admission, referrals will be made to a physician or mid-level practitioner for a medication review.
3. The facility will use the following guidelines for mental health screenings and referrals:
 - a. if the offender is on psychiatric medications, refer for a medication evaluation;
 - b. if the offender demonstrates difficulties on the mental status examination that are significant enough to cause immediate concern for the offender's well-being or ability to function, initiate an urgent referral to a mental health professional; and
 - c. if the offender positively endorses two or more imminent danger of suicide indicators upon screening, initiate an urgent referral to a mental health professional and consider suicide monitoring.

B. Intake/Reception Health Screening Form

1. The facilities' intake/reception health screening forms must meet the basic requirements contained in the standardized [Intake/Reception Health Screening Form](#) and ensure that they are filed in the offender's health record.
2. All facilities will establish routing procedures for the Intake/Reception Health Screening form.
3. Youth immunization status will be completed on a separate form.

V. CLOSING

Questions concerning this policy should be directed to the Department medical director.

VI. REFERENCES

- A. [53-21-102\(9\)\(a\)](#), MCA
- B. *ACA Standards for Juvenile Correctional Facilities*, 2003
- C. *National Commission on Correctional Health Care Standards*, 2008
- D. DOC Policy [4.5.14](#), *Offender Health Assessments*

VII. ATTACHMENT

[Intake/Reception Health Screening Form PDF](#)- Sample